



State of New Hampshire

CCLU 2

Criminal Records Unit

Department of Safety

DIVISION OF STATE POLICE


33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

CHILD DAY CARE NH RSA 170-E:7 II CHILD CARE INSTITUTIONS RSA 170-E:29-a:II

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I	SECTION II
NAME: _____ Last First MI	I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:
ADDRESS: _____ STREET CITY STATE ZIP CODE	Mychelle Brown/DHHS, Child Care Licensing Unit 129 Pleasant Street, Concord, NH 03301
<u>ALL</u> previous last names: _____	Your Signature: _____ Date: _____
DOB: _____ Hair Color: _____ Eye Color: _____ Sex: _____	Notary Signature: _____ (AFFIX Seal) (comm. exp.)
Driver's License #: _____ State: _____	 SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD
My signature below certifies I am the individual listed above and the information provided is true. Signature: _____ Date: _____ <i>Signed under penalty of unsworn falsification pursuant to RSA 641:3</i>	

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES	
NH STATE ONLY BACKGROUND CHECK \$7.50	Child Care Program: _____
Please include:	License #: _____
<ul style="list-style-type: none">Payment payable to: State of NH – Criminal RecordsThis notarized form with original signatures.	Prepaid Account (if applicable): _____
Mail to:	Program Physical Address (Street, City, State, Zip) _____
NH State Police, Criminal Record Unit 33 Hazen Drive Concord, NH 03301	Program Mailing Address (Street or PO Box, City, State, Zip) _____
	Effective 02/20/15

Fingerprints submitted within the last three years? If you have had fingerprints completed for DHHS you may not need to repeat fingerprinting. If you are unsure *PLEASE* call us at 603-271-9025! Refer to the Frequently Asked Questions from Child Care Licensing located at:

- <http://www.dhhs.nh.gov/oos/cclu/fingerprinting.htm>.

NH STATE BACKGROUND CHECK ONLY

- New staff are required to have state background checks, even if they have already completed a FBI (fingerprint) background check in the last 3 years
- All staff at licensing renewal unless provided for under He-C 4002.05(b).

Please include:

1. A check for \$7.50 payable to: ***State of NH – Criminal Records***
2. The notarized form, CCLU-2, with original signatures

Mail to:

Department of Safety, Division of State Police
Criminal Records Unit
33 Hazen Drive
Concord, NH 03301

Submit a household and personnel form for the person being submitted for a state background check to:

Child Care Licensing Unit
129 Pleasant Street
Concord, NH 03301

Fingerprints: Complete form CCLU-1 (this is form CCLU-2), following the instructions on page 2 of that form.

ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION CHILD DAY CARE FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE. Incomplete forms or payment may result forms being returned and delay the results of background check completion. All signatures must be original. Photocopies of the signed and notarized form will not be accepted. State Police will no longer accept previously issued release forms from the Child Care Licensing Unit.

KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS

Please visit <http://www.dhhs.state.nh.us/DHHS/BCCL> for additional information.

If you need clarification or have any questions, we welcome your calls 603-271-9025.